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ABSTRACT

This monograph, one of a series on youth with disabilities and the juvenile justice system, focuses on the role of recreation in preventing juvenile delinquency and recidivism among youth with disabilities. Section 1 addresses factors involved in being at-risk for juvenile delinquency. These include exclusion from recreation activities, limited opportunities for group participation, categories of disorders and their characteristics, factors for being "at risk," and limitations of some community programs. The second section examines the evolution of group work and community recreation programs for youth, as well as therapeutic recreation, its programs and its impact on at-risk youth. Quantitative and qualitative data are reported showing such programs result in improved academic performance, decreased involvement with the juvenile justice system, better communication with families, a more positive outlook on life, and greater self-confidence. This section also explores current programs serving at-risk youth that assist in deterring contact with the juvenile justice

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system or help prevent recidivism. The paper notes, however, that most of the current recreational programs are designed for children with attention-deficit hyperactivity disorder. (Contains 68 references.) (DB)

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ED 471 199

THE ROLE OF RECREATION IN PREVENTING YOUTH WITH BEHAVIORAL AND COGNITIVE DISABILITIES

FROM COMING INTO CONTACT WITH THE JUVENILE JUSTICE SYSTEM AND PREVENTING RECIDIVISM

By

David K. Howard & Lorraine C. Peniston

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The Role of Recreation in Preventing Youth with Behavioral and Cognitive Disabilities from Coming into Contact with the Juvenile Justice System and Preventing Recidivism

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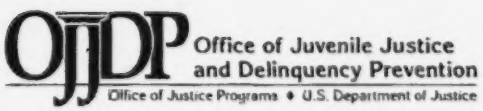

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The Role of Recreation in Preventing Youth with Behavioral and Cognitive Disabilities from Coming into Contact with the Juvenile Justice System and Preventing Recidivism

Introduction

There are numerous cognitive, social, emotional, behavioral, and environmental factors that cause some youth with cognitive and other disabilities to come into contact with the juvenile justice system. The first question is "why is this so?"; the second is "what can be done to deter the pattern of criminal conduct?" This monograph will explore the role of recreation as a preventive and treatment device that can assist youth in developing and maintaining a satisfying leisure lifestyle, with the intention of eliminating any contact with the juvenile justice system.

The first section of this monograph will address specific areas that will foster a better understanding of the factors involved in being at-risk for juvenile delinquency. These areas include exclusion from recreation activities; limited opportunities for group participation; categories of disorders and their characteristics; factors for being "at risk;" and limitation of some community programs. The second section will discuss the evolution of group work and community recreation programs for youth, as well as therapeutic recreation, its programs and impact on at-risk youth. It will also explore current programs serving at-risk youth that assist in deterring contact with the juvenile justice system or help prevent recidivism. Programs were selected based on their success rates at improving outcomes in various areas, including educational performance, truancy, recreational involvement, and recidivism. One limitation of this discussion, however, is that most of the current recreational programs are designed for children with Attention-Deficit Hyperactivity Disorder (ADHD). For this reason, when we mention specific recreation programs, our discussion is limited to those serving this particular disorder.

Knowledge of the risk factors and available resources will enable professionals working with youth either in or out of the juvenile justice system to develop a continuum of services promoting a successful lifestyle outside of the juvenile justice system.

Recreation refers to particular activities performed during free time. Definitions of recreation vary, but generally they include concepts surrounding any activity viewed or participated in for the purpose of exercise, learning, skill-building, socialization, or simple enjoyment.

SECTION I

Characteristics of Youth without Healthy Recreation Involvement and/or Intervention

Both youth with and without disabilities who do not have sufficient opportunity for healthy recreational involvement are at risk for delinquency and involvement in juvenile courts. These children miss out on more than the opportunity to recreate or play sports. They have fewer chances to gain important interpersonal skills, foster their own self-esteem, and learn concepts of teamwork and problem-solving.

Educators and professionals in the field of recreation observe that youth with disabilities 1) drop out of school at higher rates than do their non-disabled peers, and 2) drop out of parks and recreation programs at higher rates (U.S. Department of Justice, 1997). Cognitive and emotional problems also can impede a youth's ability to successfully participation in recreation programs. Because of their inadequate social skills, poor perceptual-motor coordination, slow mental processing, and high frustration levels, members of this population are not well suited to be on a team with "regular" kids. Comments such as, "kids with attention deficit disorders can't play in this

league" or "instead of playing with your neighbors, you should look for a team with people like you" (referring to a child with mild mental retardation), are more common than most people think. Comments like these have been and are still being made by coaches, teachers, recreation personnel, and business people who sponsor and coach sports leagues. They result in youth experiencing "exclusion" from recreation activities, especially youth who feel stigmatized because of their disability.

Exclusion

Exclusion may be viewed as any physical, emotional, or cultural barrier, real or perceived, that prevents full participation in an activity (Schleien, Ray, & Green, 1997). Exclusion also may occur when staff members' ignorance regarding the needs of youth with disabilities prevent them provision of recreation experiences in ways that allow these youth to comprehend, internalize, and fully benefit from participation in the activity. For example, an older child with a learning disability may tend to stay away from reading because he or she has been teased at school. Subsequently that youth may shy away from posted notices or mailings that advertise events or activities. Thus this youth may miss the opportunity to participate in healthy, constructive outlets for his or her leisure time.

Another example would be a pre-adolescent female diagnosed with attention deficit disorder who finds it difficult to successfully complete tasks that require lengthy directions or simple (which is often viewed as "boring") mental effort. These difficulties may negatively impact her relationships with other children engaged in the tasks and in turn reduce the quality or quantity of her positive peer relationships, leading to isolation and loneliness. If she lacks adequate coping skills, has a negative belief about her ability to "fit in" or is not accepted by her peers this will certainly put her at risk for illicit substance abuse and/or criminal activity (Schleien, et al., 1997). This will be exacerbated if she receives positive reinforcement from peers when conducting socially unacceptable activities or behaviors.

Yasutake (1995) found that positive affect and emotion, such as that which might result from successful recreational involvement, leads to enhanced performance in new learning tasks in areas such as math and obtaining vocabulary. Wenz-Gross (1997) found that children with learning disabilities turn to their families less for problem-solving support and to their peers less for all types of other support than do their non-disabled peers.

Benefits of Recreation Participation

For the young people in our country, free-time activity represents an opportunity to make decisions for themselves; to develop new or strengthen existing peer relationships; to measure their confidence and self-esteem; and to test the organization and resourcefulness of the community in which they live. Adolescents define themselves through their freely chosen recreation activities, which allow them to try new roles, explore feelings and friendships, and test their beliefs and capabilities in a relatively safe environment. The degree to which an individual exercises freedom of choice and perceives that he or she is competent to perform the selected activity will impact the outcome of their participation and whether it is intrinsically satisfying. People profit from recreation physically, psychologically, emotionally, intellectually, and in some cases, spiritually (Driver, 1992; Siegenthaler, 1997).

When the recreation experience captivates the participant, this individual brings his or her particular style of learning, motivation, and expectation about the experience to the setting. Researchers in the field of learning and educational psychology have discovered a variety of cognitive and behavioral outcomes for participating in recreation activities. These outcomes include: behavior change, skills learning, increased visual memory, information (factual) learning, concept learning, schemata learning, metacognitive learning and attitude change, and "value" learning (Roggenbuck, Loomis, & Dagostino, 1991).

Moderate physical recreation activities are known to reduce the symptoms of mild or moderate depression and anxiety through improved self-image, social skills, and mental health (Taylor, Sallis, & Needle, 1985).

The noted psychological benefits of recreation activity are:

- enhanced sense of freedom, independence, and autonomy;
- enhanced self-competence through improved sense of self-worth, self-reliance, and self-confidence;
- ability to socialize with others, that includes greater tolerance and understanding;
- enriched capability for team membership;
- heightened creative ability;
- improved expressions of and reflection on personal spiritual ideals;
- greater adaptability and resiliency;
- better sense of humor;
- enhanced quality of life; and
- more balanced view of competition and a more positive outlook on life.

(Academy of Leisure Science, & Driver, 1994).

Breitenstein and Ewert (1990), in a study focusing on outdoor recreation, reported social benefits that are important for youth, such as increased compassion and respect for others. Outdoor adventure experience, a wilderness-based recreation adventure, has produced a small number of studies citing positive effects on a variety of participants (e.g., juvenile delinquents, substance abusers, groups with mixed abilities, adolescents with emotional disturbances, psychiatric patients, and persons with physical disabilities) when they are integrated with their non-disabled peers. Positive changes have occurred in self-concept, self-esteem, trust, group cooperation, skill development, and improved health among others (Anderson et al., 1997). It is now widely accepted that integration in recreation settings benefits people with and without disabilities. Anderson et al., (1997), report. "for participants with disabilities, social activity and interpersonal relationships were most impacted. For participants without disabilities, employment, recreation and tolerance of stress were most impacted" (p. 229).

For youth, recreation represents a prime opportunity for exercising self-discovery, trial and error, and personal responsibility.

Lack of exposure to these opportunities can result in inappropriate social behaviors that preclude satisfying leisure experiences. In order to take advantage of the benefits of recreation, one must become involved in it. One way to enhance one's recreation knowledge is to be exposed to as many different types of activities as possible.

Adolescence is a time of exploration. Unfortunately, without proper intervention, these young people generally find it is much easier to steer away from organized recreation and team sports activities, and instead involve themselves in destructive or socially unacceptable acts either individually or with a group. The opportunities provided, the activities participated in, and the impact (both positive and negative) of this participation will greatly influence a youth's opportunity to build self-esteem, foster self-determination, and promote confidence in his or her own ability to have positive relationships with others.

Exposure to Leisure Services that Promote Positive Recreation Experiences

Service Delivery Systems

A variety of leisure services exist primarily to provide opportunities for people, individually and collectively, to engage in leisure pursuits that satisfy their personal goals. People can fulfill their

leisure desires by partaking in recreation activities that fall under leisure service's three major subdivisions. These major subdivisions are described in Table 1 below.

Table 1 : Service Delivery Systems

Service Delivery System	Leisure Services Philosophy	Leisure Service – Purpose
Public Subsystem–city recreation and parks departments, city recreation commissions, and school-sponsored recreation.	Enrichment of the life of the total community by providing opportunities for the worthy use of leisure. Nonprofit in nature.	To provide leisure opportunities that contribute to the social, physical, educational, cultural, and general well-being of the community and its people.
Private Non-Profit Subsystem–organizations such as youth-serving agencies (YMCA, Girls/Boys Clubs, church-sponsored recreation, and social and fraternal organizations such as country clubs, Kiwanis).	Enrichment of the life of participating members by offering opportunities for worthy use of leisure, frequently with emphasis on the group and the individual. Nonprofit in nature.	Similar to public, but limited by membership, race, religion, sex, socioeconomic level, etc. To provide opportunities for close group association with emphasis on citizenship, behavior, and life philosophy values. To provide activities that appeal to members.
Commercial Subsystem— facilities such as amusement parks, theaters, tennis, golf, marinas, hotels, and resorts (Murphy, Niepoth, Jamieson, & Williams, 1991, pp. 100-101).	Attempt to satisfy public demand in an effort to produce profit. Dollars from, as well as for, recreation.	To provide activities or programs that will appeal to customers. To meet competition. To net profit. To service the public (Howard & Crompton, 1980, pp. 209-227 as cited in Murphy, et al., 1991, p. 103)

Each subdivision promotes its own philosophies and purposes for providing recreation opportunities to the general public. Depending upon how one wishes to spend his or her leisure time, the philosophy and purpose behind a particular type of organization can help steer her or him toward meeting her or his needs.

Agencies located within each of the subdivisions, as stated in the Americans with Disabilities Act (ADA) of 1990 must serve persons with disabilities. However, some programs administered by the above-stated leisure services may have stipulations for participation, which under the ADA are called eligibility criteria. Eligibility criteria can be based on health and safety requirements, cost of service, knowledge of or experience in the program's activity, equipment and material usage, transportation and training guidelines. Unfortunately, some of those eligibility criteria might prevent youth that are at risk from being given the opportunity to take part in leisure services.

Public agency programs are designed to provide a wide variety of activities, usually year-round, for many different groups of people. This is where youth can take part in city or county sport leagues (e.g., baseball, basketball, soccer, football, etc.), arts in the park activities, music and cultural festivals, nature excursions, and historical field trips. Most cities and counties within each state maintain their own parks and recreation departments. This is where youth, caregivers, and concerned persons can obtain information (e.g., via brochure or catalog) listing recreation activities, their times, dates, and locations, plus specifics about cost, equipment (if needed), or qualifications. Boys & Girls Club of America and other organizations such as the YMCA or the Junior League can be found in the

Yellow Pages of the telephone book under "Youth Organizations & Centers." An example of how one of these programs, The Boys & Girls Clubs of America are described in following sidebar.

The Boys and Girls Clubs of America's mission is to inspire and enable all young people, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible, and caring citizens. The organization's objectives for accomplishing its mission: Its actual neighborhood-based buildings are designed solely for youth programs and activities. The clubs are open every day, after school and on weekends, when kids have free time and need positive, productive outlets. Every club has full-time, trained youth development professionals, who serve as positive role models and mentors. Volunteers provide key supplementary support. On average it costs about $200 per youth per year to run a Boys & Girls Club. This is a small price to pay when we consider the alternative: keeping a young adult in jail costs taxpayers anywhere from $25,000 to $75,000 per year not to mention the human-life costs. (Federal Bureau of Prisons, 1991; U.S. Select Committee, 1992; Boys & Girls Clubs of America, 1998).

Commercial agencies have two goals: offering unique recreational experiences, and making profit. They often serve as a supplement to the private and public agencies. Because individual involvement in commercial recreation (e.g., putt putt golf, video game centers, go-cart racing, amusement parks, and family fun centers) requires money, transportation, and planning, many at-risk youth usually have limited exposure to this type of leisure agency. Most often, collaboration between commercial, private, and public agencies has been necessary to enable at-risk youth to partake in commercial recreation. For example, at-risk youth are sometimes involved in after-school programs conducted by the YMCA. These events may be offered free or at a reduced cost. Transportation often is provided and trained supervisors are available.

Knowledge of the three types of leisure services enables parents, caregivers, professionals serving youth, and often the youth themselves to investigate the best options for selecting recreation activities. Familiarity with leisure services gives the individual many choices about where to recreate, opportunities to engage in various forms of recreation, as well as increases social interaction and community involvement.

At-Risk Youth

"The term "at risk," in a broad sense, refers to youth who, due to certain characteristics or experiences, are statistically more likely than other youth to encounter certain problems – legal, social, financial, educational, emotional, and health – in the future (At-Risk and Delinquent Youth: Multiple Federal Programs Raise Efficiency Report, March 1996, p. 1)".

There are multiple factors that can place a child "at risk". Cognitive or behavioral disorders, family stressors, as wells as community, and economic factors, are known to be predictors of "being at risk." This section of the monograph will briefly explore specific disorders and factors that can cause a youth to be "at risk". For a more detailed description of these disorders see Rutherford, Bullis, Wheeler Anderson, and Griller-Clark (this series). Risk-factors also are discussed in Leone, Quinn, and Osher (this series).

Categories of Disorders

Learning Disabilities

The term "learning disabilities" actually refers to a group of disorders. For more information on learning disabilities see Rutherford et al. (this series). These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist

with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions (e.g., sensory impairment, mental retardation, serious emotional disturbance), or with extrinsic influences (e.g., cultural differences, insufficient/inappropriate instruction), they are not the result of those conditions or influences.

Adolescents with learning disabilities display social skill deficiencies and poor self-concept due to repeated academic failure. Their defeatist attitude leads to an avoidance of new challenges and promotes the temptation to engage in maladaptive behavior rather than to risk failure with new pursuits (Peniston, 1998).

Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) according to the American Psychiatric Association (1994) is: "a disorder that can include a list of nine specific symptoms of inattention and nine symptoms of hyperactivity/impulsivity" (pp. 78-80). Characteristics of ADHD have been demonstrated to first appear in early childhood for most individuals. At this time, four subtypes of ADHD have been defined. These include the following:

- Inattentive type
- Hyperactive/impulsive type
- Combined type
- Not otherwise specified

ADHD as well as its counterpart Attention Deficit Disorder (ADD) can result in serious social problems, as well as the impairment of family relationships, success at school, work, or in other life endeavors (CHADD, 1998).

Educable/Mild Mentally Retarded

The American Psychiatric Association (1994) states that Mental Retardation occurs in a person who is of below average intelligence (i.e., IQ level 70 and below). In addition:

> Mild Mental Retardation is roughly equivalent to what used to be referred to as the educational category of "educable." This group constitutes the largest segment (about 85%) of those with the disorder. People at this level typically develop social and communication skills during the preschool years (ages 0-5), have minimal impairment in sensorimotor areas, and often are not distinguishable from children without Mental Retardation until a later age. By their late teens, they can acquire academic skills up to approximately the sixth-grade level. With appropriate supports, individuals with Mild Mental Retardation can usually live successfully in the community, either independently or in supervised settings (p. 41).

Youngsters having Mild Mental Retardation are at increased risk of emotional/behavioral problems due to social adjustment inadequacies and limited problem-solving skills. (Linden & Forness, 1986).

Conduct Disorder

The essential feature of a Conduct Disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. Children or adolescents with this disorder often initiate aggressive behavior and react aggressively to others. They may display bullying, threatening, or intimidating behavior; initiate frequent fights; use a weapon that can cause serious physical harm; be physically cruel to people or animals; commit robbery; or force someone into sexual activity. Before they are 13 years old, these youths develop a habit of staying out late at night despite parental prohibitions; they also run away from home

periodically. Beginning at age 13, truancy from school becomes fairly common; later this results in being absent from work without good reason (American Psychiatric Association, 1994, p. 86).

Oppositional Defiant Disorder

The essential feature of Oppositional Defiant Disorder is a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least six months. It is characterized by the frequent occurrence of at least four of the following behaviors: losing one's temper, arguing with adults, actively defying or refusing to comply with the requests or rules of adults, deliberately doing things that will annoy other people, blaming others for his or her own mistakes or misbehavior, being touchy or easily annoyed by others, being angry and resentful, or being spiteful or vindictive.

Oppositional Defiant Disorder usually becomes evident before the age of 8 and usually no later than early adolescence. The oppositional symptoms often emerge in the home setting, but over time may appear in other settings as well. In a significant proportion of cases, Oppositional Defiant Disorder is a developmental antecedent to Conduct Disorder. (American Psychiatric Association, 1994, pp. 91-92).

Family, Community, and Economic Factors

In addition to having one or more recognized disorders, a youth also could encounter other circumstances that further heighten his or her probability of becoming "at risk;" these factors as described in Howell (1995) are illustrated in Table 2: Risk Factors for Health and Behavior Problems.

Table 2: Risk Factors for Health and Behavior Problems

Risk Factors	Substance Abuse	Delinquency	School Dropout	Violence
Community				
Availability of Drugs	X			
Availability of Firearms		X		X
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	X	X		X
Media Portrayals of Violence				X
Transitions and Mobility	X	X	X	
Low Neighborhood Attachment and Community Organization	X			X
Extreme Economic Deprivation	X	X	X	X
Family				
Family History of Problem Behavior	X	X	X	
Family Management Problems	X	X	X	X
Family Conflict	X	X	X	X
Favorable Parental Attitudes Toward and Involvement in the Problem Behavior	X	X		X
School				
Early and Persistent	X	X	X	X

Risk Factors	Substance Abuse	Delinquency	School Dropout	Violence
Antisocial Behavior				
Academic Failure Beginning in Elementary School	X	X	X	X
Lack of Commitment to School	X	X	X	X
Individual/Peer				
Rebelliousness	X	X	X	
Friends Who Engage in the Problem Behavior	X	X	X	X
Favorable Attitudes Toward the Problem Behavior	X	X	X	X
Early Initiation of the Problem Behavior	X	X	X	X
*Constitutional Factors	X	X		X

SOURCE: Howell, J. (Ed.) 1995. *Guide for implementing the comprehensive strategy for serious, and chronic juvenile offenders.* Washington, D.C: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

Constitutional factors (substance abuse, delinquency, and violence) are those that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation-seeking, low harm-avoidance, and lack of impulse control. These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, and/or committing violent acts.

Collingwood (1997) summarized the Carnegie Corporation studies conducted in 1989, 1992, and 1995 that addressed the status and needs of American youth. These studies were consistent in their finding that "approximately 50% of American youth are at-risk for developing harmful behaviors." For those youth that have some kind of disability, the rate is even higher.

The field of recreation has been and continues to be involved in preventing at-risk youth from becoming part of the juvenile justice system. The next section of this monograph will explore the intervention methods and programs that have been developed and are currently in use to build healthy and productive citizens for society.

SECTION II

The Role of Community Recreation Agencies Serving Youth At Risk for Involvement in the Juvenile Justice System

Philosophy of Community Recreation Agencies Serving At-Risk Youth

Recreation as a field of study began in the late 1900s, when concerned citizens recognized that there was a need and began to implement services for poor or otherwise disadvantaged populations. Over time, recreation service providers shifted their focus from this population and began to provide recreation opportunities equitably for all. This shift ultimately led to services being driven by market forces to a mostly middle-class clientele that was able and willing to pay for services. Only within the past decade have we seen substantial challenges to this revenue orientation due in part to some recreation professionals, who have called for balance and a return to a more social service philosophy (e.g. Sessoms, 1992).

Parks and Recreation National Survey

In the 1990s, attention has been refocused once again on the need to develop services, including recreation services, to alleviate the factors that cause youth to become at risks. Recreation and parks departments throughout the country have responded to this issue because their personnel recognized a need to "return to the original understanding of the mission demonstrating the value of parks and recreation to the solution of social ills.". (Sessoms, 1992, p. 8). Schultz, Cromption, and Witt, in 1995, evaluated why this realization and subsequent change of mission were taking place. The purpose of their study was to:

- contribute to a better understanding of services directed toward at-risk children and youth through a national sample of recreation and park agencies;
- provide a benchmark for charting future changes;
- demonstrate the level of commitment and the investment of the agencies involved with this work; and
- convince skeptical policy-makers that recreation services can play a positive role in addressing some of the problems with which cities of all sizes are confronted when dealing with children and youth at risk (p. 4).

This study examined 955 agencies across the nation that were members of the National Recreation and Parks Association (NRPA) as well as Texas recreation and parks agencies in cities with populations of more than 50,000. Also examined were recreation and parks agencies located in the 100 largest cities in the United States that were not already part of the study. The number of surveys mailed was 1,001. A total of 661 usable questionnaires were returned, representing an overall response rate of 66%. Because population size was a critical variable, 33 questionnaires were unusable, reducing the number of questionnaires available for analysis to 628 (Schultz et al., 1995).

Programs

Survey results from park and recreation agencies are detailed in Table 3: Extent of Agency Involvement with At-Risk Children and Youth. Of these agencies, 55% targeted some portion of their programs to include at-risk children and youth (Target Group), most of whom lived in large cities. In the Target group, 61% of the respondents said that their agencies offered specifically designed programs for at-risk youth, (Target–Separate Group), while the other 38.7% of agencies in the Target group reported that this population was served in the overall program with separate programs being offered (Target–Include Group).

Table 3
Extent of Agency Involvement with At-Risk Children and Youth

	Population					
Item	0 to 25,000	25,001 to 75,000	75,001 to 250,000	250,001 to 13,000,00	Overall Percent	Significance Level
Target services for at-risk children and youth (Target)	75 (36.8%)	112 (59.2%)	83 (67.5%)	76 (60.4%)	346 (55.4%)	Target by Population =.001
Offers separate programs (Target–Separate)	34 (45.3%)	62 (55.4%)	61 (73.5%)	55 (72.4%)	212 (61.3%)	Separate Programs by Population =.01
Does not offer separate programs (Target–Include)	41 (54.7%)	50 (44.6%)	22 (26.5%)	21 (27.6%)	133 (38.7%)	Separate Programs by Population =.01

A tally of the Target groups' estimates of their efforts to serve youth in each of the four predefined categories: potential at-risk youth, at-risk youth and children, juvenile delinquents, and chronic delinquents revealed that 67% had programs designed for potential at-risk youth, 21% for at-risk children and youth, 10% for juvenile delinquents, and 2% for chronic delinquents. It is interesting to note that in each participating city potential at-risk youth were the main concern, followed by at-risk children and youth. Fifty-seven percent of cities reported that gangs were a problem in their communities, but only 12% had programs specifically targeted toward gang leaders, while 23% targeted programs specifically for gang members. The survey results indicate that recreation and parks departments are primarily involved in prevention-oriented services with priority placed on offering services to younger children and youth before their behaviors are manifested in juvenile delinquency (Schultz et al., 1995).

Other essential areas assessed in this survey dealt with goals for serving at-risk children and youth, agency resources (e.g., staff, budget, user fees, and discounts), and collaborative arrangements with other organizations. Survey findings stated that of the 346 Target agencies that responded, only 41% had specific goals for serving at-risk children and youth. These goals generally were to address and improve scholastic ability, sociability, leisure-related outcomes, general well-being, family factors, and economic factors. A large number of agencies lacked goal statements, which suggests that many agencies have not identified specific standards they can use to develop and evaluate the success of their programs.

Budget Issues

More than 43% of the Target agencies employed staff specifically to organize or develop programs for at-risk children and youth. Budgets varied greatly in accordance with city population and Target–Separate agencies (allocated larger budgets regardless of population size). Eighty-one percent of the responding agencies charged user fees for recreation programs. Fifty-two percent of the agencies provided discounts to at-risk children and youth. However, 76% offered discounts to low-income residents on a consistent basis and some at-risk youth might have been served through these discounts.

Schultz et al. (1995) notes some issues of budget and priorities:

> Public agencies increasingly are requested to serve a wide variety of priorities with limited, static, or declining budgets. While at-risk youth command a lot of attention, there are considerable pressures to serve the needs of senior citizens, children in general, people with disabilities, and multiple other clienteles. Finding the resources to meet the demands of all constituencies probably cannot be done without collaborating with other organizations to leverage existing funds and acquire new resources. (p. 16)

Collaborations

Concerning collaborative arrangements, 98% of the respondents received some kind of support form other sources. Of the respondents, 86% of Target agencies reported that local business supplied support, 85% received funding from voluntary organizations, and 46% from foundations. Ninety-one percent of the Target agencies reported receiving monetary donations, 75% received support in the form of volunteers, 56% received equipment donations, and 53% of the Target agencies received organizational or leadership expertise. Sixty-five percent of Target agencies utilized public funds to support the efforts of nonprofit organizations offering programs for at-risk children and youth. A large percentage (97%) of Target agencies reported working directly with a nonprofit organization or other government agency to provide direct services for at-risk children and youth. Many Target agencies reported collaborative efforts with educational agencies (85%), law enforcement agencies or officials (79%), youth-serving organizations (e.g., YMCA and Boys & Girls Clubs) (66%), and adult service organizations (e.g., Lions or Elks clubs) (54%).

This survey's findings indicate that recreation and parks agencies are progressively returning to their service-oriented foundation in assisting at-risk youth. This return to their roots has been aided by political pressure and a public urgency to "do something" about juvenile crime and delinquency. Recreation programs have been and continue to be viewed as one approach to dealing with these problems. In her report to the Carnegie Council on Adolescent Development, Smith, (1991), sums up this philosophy :

> The provision of community recreation services is a good investment. Participation in organized recreation provides for the constructive use of free time and develops skills for the management of discretionary time and thereby reduces the need for, and the costs of, providing other government and social services that deal with the management of antisocial behaviors after they occur. (p. ii-iii).

The next section of this monograph will explore the specific benefits provided for at-risk youth by community recreation services during the latter half of the 1990s.

Community Recreation Program Serving At-Risk Youth from 1995 to Present

In March of 1994, the 103rd Congress amended section 1003 of the Urban Parks and Recreation Recovery Act of 1978 with the following:

> It is the purpose of this title to improve recreation facilities and expand recreation services to urban areas with a high incidence of crime and to help deter crime through the expansion of recreation opportunities for at-risk youth. It is the further purpose of this section to increase the security of urban parks and to promote collaboration between local agencies involved in parks and recreation, law enforcement, youth social services, and the juvenile justice system (p. 2).

This amendment strengthened the growing number of private-public collaborations that deal with social problems in local communities. The National Recreation and Parks Association (NPRA) 1994 report *Beyond 'Fun and Games,': Emerging Roles of Public Recreation (Tindall, 1995)* created fostered positive perceptions of public recreation and its value. This report was designed to inform local, state, and national policy-makers about the importance of public recreation in a

society whose youth are increasingly at risk. It discusses 19 programs that demonstrate a high degree of collaboration among public recreation and parks agencies, other public agencies, and both for-profit and not-for-profit organizations in the private sector (Tindall, 1995). For a sample listing of some programs and information on obtaining the NRPA publication, see Appendix A.

Title V Community Prevention Grants Programs

With only one exception, every state in the nation has participated in the Title V Community Prevention Grants Program sponsored by the Department of Justice and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) since its inception in 1994. Virtually all have requested and received at least one round of training in the principles of risk-and-protection-focused delinquency prevention, and communities throughout the nation have received subgrants to implement their prevention strategies (OJJDP, 1997). Below are some examples of successes from the Title V Community Prevention Grants Programs, which illustrate how communities across America address their unique delinquency prevention needs.

Buchanan County, Missouri —Project Payoff. This project is the result of the collaborative effort of the public schools, a conservation corps, a youth center, community-based organizations, community volunteers, outdoor sporting clubs, and a transit company to transform an in-school suspension program into a year-round comprehensive program for at-risk youth. The program combines academic, recreational, and family-advocacy services with community-service projects. Examples of these projects include:

- before school–students receive computer technology training, recreation activities, and student/parent conferences are held.
- during school–youth attend peer relations groups, conflict resolution classes, and drug awareness classes.
- after school–students receive tutoring, mentoring, recreational activities, outdoor summer projects, and participate on a weight lifting team.
- summer programs–outdoor sporting events (e.g., fishing, camping, and gardening); field trips; and community-service projects.
- Other services–truancy monitoring, home visits, counseling, family mediation services, tobacco cessation classes, effective parenting classes, and family assistance services.

Since the 1996-97 school year, more than 500 youths and their families have participated in Project Payoff. During this school year (1998-99), 81% of students who regularly participated in the tutoring program raised their failing grades in two or more core subjects to passing grades. There also has been an 87% decrease in truancy, a 62% reduction in the number of school discipline notices, and a 33% reduction in juvenile crime and vandalism in the school district. Finally, two members of the after-school weight-lifting team were selected to be members of the U.S. Olympic Team and participated in the 1996 Summer Olympics in Atlanta, Georgia.

Fast Track and Bay City Public Schools' VIP Club —Bay County, Michigan.

In 1995, the Bay County Prevention Policy Board (PPB) completed a risk and resource assessment. The results of this assessment showed a high proportion of transient families; a high rate of substance abuse, teen pregnancy, and juvenile status offenses; numerous school problems; and a perceived lack of community resources. The PPB decided it needed to adopt a two-pronged approach that would focus on expanding the probate court's diversion program and on developing education, training, and recreation programs for youth.

Bay City Public Schools' VIP Club is an after-school and summer recreation program for elementary school children. The program, which operates in four local elementary schools, is

designed to bring the youth of the community together to build positive friendships through a combination of recreation and personal-skill-building activities. These activities increase the children's sense of belonging and their commitment to school. Daily activities include tutorial support, library access, computer training, creative arts, and gross motor skill development. The after-school and summer recreation programs have enrolled more than 900 youths, well above the numbers anticipated by the Bay County PPB. Teachers have reported improvement among participants in behavior problems and academic skills.

The Fast Track program was designed to supply immediate consequences for youth that had engaged in delinquent acts. It has provided informal counseling, positive peer interaction, and community-service opportunities. Typical projects have included removing graffiti from school property and cleaning the city park after community events. In 1997, 161 youths were diverted into the Fast Track Program, through which they performed more than 4,200 hours of community service. PPB members reported that "serious juvenile crime has been capped in this area." And as the Director of the Bay County Recreation and Youth Development Center has stated, "Title V clearly initiated much of this bringing people together...It initiated the grand scheme, the framework to look at youth justice issues. it was a great catalyst for getting things going, people talking. After it brought people together, lots of other things started to happen.." (OJJDP, 1997, p.8)

Teenage Enrichment Activities Network —Kalamazoo, Michigan. The Teenage Enrichment Activities Network (TEAN), one component of Kalamazoo's delinquency prevention program, provides positive alternatives for youth ages 12 to 18 who are enrolled in either middle or high school. To participate, youth must obtain parental permission and register with the local recreation office. They can participate in as many activities as they like, most of which cost little or nothing. TEAN sponsors a wide variety of after-school and summer activities for teens in the community, including:

- a teen leadership conference,
- evening programs (e.g., workshops, recreation, and field trips),
- recreation (e.g., horseback riding, roller-skating), and
- a youth theater group that studies performance and technical skills and works with the community theater to put on plays.

Other activities include dances and talent shows. A Youth Leadership Council, composed of middle and high school students from Kalamazoo, meets regularly to plan and coordinate TEAN activities, thus promoting ownership and pro-social behavior among all participating youth.

No data is presently available about the success of the Kalamazoo programs in preventing juvenile violence, but PPB members feel that participation in the Community Prevention Grants Program has already improved the coalition for the PPB and changed the way delinquency prevention is practiced in Kalamazoo.

Operation HOPE —Jackson, Tennessee. Operation HOPE means Helping Others Prepare for Excellence. Jackson's Prevention Policy Board, in conjunction with the Jackson Family Worship Center, a non-denominational storefront church, developed Operation HOPE to help youth set goals and to provide them with the tools they need to achieve their goals. From 2:00 p.m. to 5:30 p.m. on weekdays, neighborhood youth ages 5 to 17 participate in Operation HOPE's after-school activities, weekend programs, youth classes, and parenting services. The classes include:

- mandatory homework sessions, including tutoring;
- celebration time to allow youth to honor their daily achievements and to counteract the effects of negative peer pressure;

- home economics instruction in cooking, ironing, arts and crafts, setting the table, table manners, and grocery shopping;
- computer training;
- vocational training and apprenticeship opportunities; and
- recreational activities including basketball, art, dance, and games.

Since 1994, approximately 400 youth have participated in Operation HOPE, roughly 50 of whom have participated daily. The program sponsors have seen a decrease in the number of youth petitioned into court over the past three years, and during that time only one youth was involved in the juvenile justice system. The program has helped raise failing grades to passing grades and program staff report improved self-esteem among HOPE participants (OJJPD, 1997).

State-Sponsored Prevention and Intervention Programs

Many states have taken the initiative to develop their own programs, through collaboration with the community and by recognizing that the success of prevention and intervention programs involves a multifaceted approach. Featured here are three state programs that outlined their methods of deterring juvenile delinquency.

Community Intensive Supervision Project (CISP) —Pittsburgh, Pennsylvania. The CISP program provides the court with a community-based alternative to residential care for selected chronic juvenile offenders. CISP operates three community centers in three geographical regions of the city of Pittsburgh. CISP objectives are:

- to operate an intensive supervision program for repeat offenders in the community;
- to successfully impact the recidivism of youth in CISP, thereby impacting the number of youth requiring institutionalization;
- to provide a real-world learning experience in the community, rather than the artificial or sterile environment of an institution;
- to maintain "failure-to-adjust" discharges from CISP at no more than 2 percent; and
- to make CISP effective enough to significantly impact the court's overall institutional budget.

CISP achieves these objectives by providing support and training regarding supervision issues to the parents and guardians of the youth it serves. Youth in this program are involved in individual or group counseling and in drug and alcohol education. The CISP program is dedicated to learning, homework, and other educational activities, which entail tutoring and monitoring of daily attendance at school. Youth also participate in recreation on a regular basis. Recreation activities include but are not limited to membership in the Boys Clubs and the YMCA and the use of city and/or county parks' recreational facilities, ball fields, and swimming pools. The center also makes arrangements with local movie theaters, museums, libraries, sporting events, and various recreational cultural activities and happenings throughout the city of Pittsburgh. The success of CISP is currently being evaluated by the National Center for Juvenile Justice on three levels: (1) qualitative/formative; (2) quantitative/descriptive; and (3) community reaction.

Oakland County Probate Court Early Offender Program —Pontiac, Michigan.

The Early Offender Program (EOP) established in April 1985 was designed to provide specialized and complete in-home interventions to adolescents at the highest risk for recidivism (i.e., 13 years or younger at the time of their first adjudication, with two or more previous police contacts). The EOP's multifaceted methods consists of:

- paraprofessionals overseeing youth on evenings and weekends, transporting youth to therapy meetings, contributing instructional aid, etc.;
- psychological assessments of youth and referrals for individual, group, or family guidance;

- unique case plans, which are creative and proactive;
- arranged restitution and/or community service for program youngsters, with emphasis placed on school attendance and performance;
- group activities such as outings, camping trips, etc., which serve as potential compensation for improved conduct; and
- immediate staff response to positive or negative behavior, which is considered fundamental to the program's effectiveness.

Results produced by EOP: only 38% of the EOP group were adjudicated again after being placed in EOP, while 72% of a control group (those youth involved in juvenile delinquency that did not participate in EOP) were re-adjudicated. The parents and youth involved in EOP responded that: 65% of parents generally found the program somewhat to very helpful; more than 75% of the youth reported improved performance in school and 67% of the youth reported improved relations with parents; former program participants were unanimous in asserting that, based on how things are going now, they do not expect to get into trouble again. In July 1990, the Oakland County Probate Court's Early Offender Program received the "Outstanding Juvenile Court Probation Program Award" from the National Council of Juvenile and Family Court Judges.

Preventing Delinquency in Your Community —Virginia Delinquency Prevention Service.

The "Preventing Delinquency in Your Community" strategy has been applied and evaluated for five years in numerous states across the nation. In this program, efforts are focused on community conditions associated with delinquency rather than on children with problems. This strategy for preventing delinquency is based on theoretical knowledge, field experience, and common sense.

Because it is clear that preventing delinquency is a collaborative effort, one of this program's strategies is to involve as many community components as possible. These systems and agencies include: human service and delinquency prevention; the health system; family services; the educational system; manpower development and the employment system; criminal/juvenile justice system; recreation; housing; religion; and media. Recreation's strategy is to permit children to learn new skills and to practice cooperation and fair play. The participants contend that the public use of school and private recreation programming should be expanded, and that special emphasis should be placed on the neglected recreational needs of low-income neighborhoods.

Each community involved in the Preventing Delinquency in Your Community develops a Comprehensive Prevention Plan. Examples of recommendations from these plans include:

- improving care for troubled and at-risk youth and their families;
- developing healthy people by nurturing self-esteem and personal and social responsibility;
- developing a comprehensive recreational program for Wise County and the city of Norton;
- including educational and service opportunities for youth;
- including affordable, accessible, quality child care; and
- facilitating the health of mothers and babies.

Cognizant of the increase in the numbers of at-risk youth in our society, many local communities have developed after-school programs to help decrease the amount of juvenile delinquency that occurs when a child is unattended in the home.

Other Recreation Programs for At-Risk Youth

Recreation Programs that Work for At-risk Youth: The Challenge of Shaping the Future, (Witt, and Compton, 1996), is a book that is based on the results of a cooperative project sponsored by the National Recreation and Park Association, Texas A&M University, the American Academy of

Park and Recreation Administrators, and the Forth Worth Park and Recreation Department. The book's editors compiled information about community recreation programs throughout the United States and in parts of Canada, the United Kingdom, and South Africa gathered during a colloquium on recreation programs addressing the needs of youth. Approximately 80 agencies collaborated on this project with 37 participants providing case examples of programs that work with at-risk youth. Unfortunately, a very small percentage of therapeutic recreation personnel were involved in this colloquium.

Many of the programs described in this book stated positive outcomes in having recreation as an integral part in educating youth about a positive and satisfying leisure lifestyle. It is unclear, however, whether these agencies and departments actually included youth with learning disabilities, attention deficit, and emotional/behavioral problems in their programs. To make this determination, the authors of this monograph conducted a survey of the list of colloquium presenters found at the end of the book. The survey asked specific questions regarding inclusion of youth with learning disabilities, attention deficits, and emotional problems; whether certified therapeutic recreation specialists were employed; whether collaborative efforts were involved; and possible changes that program staff thought needed to be made to their programs for youth with disabilities (see Appendix B for a copy of the survey).

Forty-two surveys were mailed to colloquium presenters, these were presenters in the United States who supervised, developed or implemented the recreation program for at-risk youth. Twenty of the 42 surveys were returned. This is a return rate of approximately 49%.

Survey Results

Twelve programs out of the twenty included youth with learning disabilities and other disabilities (ADD and emotional problems) in their program. The estimate of youngsters with LD, ADD and emotional problems in the programs ranged from between 10-15% and 25-30%. Four of the twelve conducted an additional, separate at-risk program through their therapeutic recreation divisions. A fifth agency conducted a separate therapeutic recreation program for their youngsters with LD, ADD, or other disabilities. Of these five specialized programs, three employed a certified therapeutic recreation specialist. At two of these agencies the therapeutic recreation specialist performed training for staff on issues related to serving youth with disabilities.

Seven of the programs for at-risk youth and the one specialized program (67% of respondents who included youth with disabilities in their programs) had acquired personnel with previous training or provided training to staff regarding working with youngsters with disabilities. Personnel rated their programs for at-risk youth in the following categories: Excellent–three responses (25%), Good–six responses (50%), Fair –two responses (17%), and Poor–one response (18%).

In their responses, the agencies enumerated the successes experienced by at-risk youth that had participated in their program. These successes included:

- improved grades and learning in school;
- increased skill development;
- improved self-image and self-esteem;
- improved family relationships;
- positive behavior in the classroom;
- improved self-regulation of behavior;
- improvement in interaction with peers and the community;
- better communication and socialization skills; and
- appreciation of nature and different cultures.

These successes often were the result of collaboration with public or private entities. All of these programs received assistance from city governments; parks, recreation, and library departments; at-

risk youth divisions; county juvenile court systems; grants (local or Federal); local businesses (private and/or nonprofit); and school districts. In fact, all of the respondents' programs were developed and maintained through collaborative efforts.

Interestingly, responses to the question, "Is there anything you would change about the agency's at-risk program(s) with youngsters having LD, ADD and other emotional problems?" included:

- increase training opportunities for staff who deliver direct service and have direct involvement in inclusion efforts;
- increase the amount of behavior management and sensitivity training for general staff;
- supply more staff;
- include more specific training about LD and ADD;
- provide more parenting skills for families;
- implement training regarding the use of medicine (e.g., for attention deficit disorders) during the summer program; and make more resources available.

Successful After-School Programs

Some research has noted that with more and more children at home alone after school, these "out-of-school hours" present serious risks for substance abuse, crime, violence, and sexual activity. The time that young people spend alone is not the crucial contributor to high risk. Rather, it is what young people do during that time as well as where they do it, and with whom that leads to positive or negative consequences (Carnegie Corporation of New York, 1992, p. 1). This finding has compelled park and recreation professionals to create recreation programs for after-school hours. The purpose is to prevent children from getting into trouble and also to provide enriching activities that contribute to their development. Extending formal, structured activities to include the time between the end of school and when parents pick up their children after work would increase the time youth devote to academic and other enrichment activities (Peterson & Magrab, 1989; Schultz, Crompton, & Witt, 1995; Witt & Crompton, 1996).

A study conducted by Posner and Vandell (1994) at a Texas elementary school focused on one of twenty after-school programs currently being operated jointly by a school district and a community parks-and-recreation department. Activities at the school included sports, art, drama, computer utilization training, cooking, cultural activities, math, and science. While the underlying objective of all of the activities was learning, recreation and fun were also important components. Data was obtained so that academic performance, program participation (after each of the three 6-8 week sessions), and self-esteem could be measured. Overall, the academic grades (in math, science, reading, and language arts) of students who participated the most (i.e., involved in three or more activities) were significantly higher than those of non-participants. Generally, participants in five or more activities also had significantly higher grades than those who participated in less than five activities.

The after-school program participants' general self-esteem post-test scores were significantly higher than scores for non-participants. The results of the study indicate that an after-school program that impacted academic performance and general self-esteem would probably be successful (Baker & Witt, 1995, p. 1-3).

Scott, Witt, & Foss (1996) examined a similar program involving the Dougherty Arts Center and the Creativity Club. This program, offered by the Austin Parks and Recreation Department, examined the short-term benefits that children derived through participation in the program. This fourteen-week interview and observation study of an arts-based, after-school program that included a number of at-risk youngsters focused on the outcomes parents sought for their children, the benefits

children received from program participation, and those program elements that appeared to foster positive outcomes.

Scott and colleagues found that parents enrolled their children for specific reasons and that children did accrue the benefits that parents desired as a result of their participation. Program elements that seemed to contribute to positive outcomes included nurturing and caring leaders, multiple leaders, specialized functions, structured and challenging activities, choice of activities, and emphasis on kindness and cooperation (Scott, et al., 1996).

Children with disabilities, whether due to illness, physical challenges, mental disabilities, or emotional/behavioral problems face barriers that often make participation in recreational activities difficult. When these barriers are coupled with negative social or cultural stereotypes, poverty, lack of educational opportunities, or an unavailability of suitable recreation programs within their communities, disabled children face a greater chance of being excluded from the healthy, nurturing lifestyle that recreation activities can enhance. If their communities are not organized to provide for their specialized needs, children with disabilities may be forced to rely on potentially inadequate family resources. Collaborative efforts within communities can help provide these children with opportunities for educational, social, emotional, and leisure pursuits that meet their needs. See Leone, Quinn, and Osher (this series) for more information on collaborative efforts to address the needs of youth with disabilities involved with or at-risk for involvement in the juvenile justice system.

Inclusion of At-Risk Youth with Disabilities in Community Recreation Services

People with disabilities typically feel less of a sense of belonging to a group or community and have fewer friendships than do people without disabilities (Schleien et al., 1997). These individuals do not access community recreation programs as freely as nondisabled individuals. It is sometimes difficult to involve people with disabilities in certain leisure activities such as outdoor sports, especially competitive sports (LaMaster, Gall, Kinchin, & Siedentop, 1998). Therefore, these recreation activities present a challenge for recreation professionals attempting to provide a variety of activities for people with disabilities. Merely placing people with and without disabilities together in community recreation programs does not lead to successful, inclusive leisure experiences for those with disabilities. Creating successful inclusive programs requires examining and designing—~~or~~ redesigning—~~the~~ administrative, physical, and attitudinal components of leisure programs (Devine & Broach, 1998).

Dattilo and Jekubovich-Fenton, (1995) as cited in (Modell and Imwold, 1998) report that including leisure services can be very beneficial to youth. In addition to providing youth with the skills that increase their choices of age-appropriate peer-involved recreation activities, leisure services can help to focus attention on the youth's strengths rather than their weaknesses, and often empower youth with disabilities by teaching the skills that enhance their participation in community recreation activities. The American Park and Recreation Society (APRS) and the National Therapeutic Recreation Society (NTRS) appointed a joint committee to explore the state of inclusion in park and recreation agencies across the United States. The committee surveyed park and recreation agencies around the country, targeting services provided, problems encountered, and training needed for inclusive recreation services (Devine, McGovern, & Hermann, 1998).

Schleien et al. (1997) note common barriers such as administrative, physical and attitudinal obstacles that prevent people with disabilities from being included in recreation programs. Administrative barriers include procedural and operational difficulties that pose obstacles in the areas of: financial constraints; policy restrictions, program limitations, and lack of qualified staff (Devine & Broach, 1998).

At-risk youth with learning and/or psychological disabilities face some challenges that often become program barriers. These include:

At-risk youth with learning and/or psychological disabilities face some challenges that often become program barriers. These include:

- inability to understand and follow a sequence of coaching instructions;
- difficulty adhering to rules due to misunderstanding of the consequences;
- inability to participate without instructional prompting; and
- poor awareness of playing space on a playing field.

Program modifications may consist of changing the rules of a game for youth with disabilities (e.g. allowing them more time, allowing them multiple chances to complete a task) and/or devising alternative instruction methods to teach these youth a game's procedures. It is imperative that recreation professionals understand how people on a team tend to interact and that each team member must use different strategies to maximize his or her interaction. According to those who responded to the APRS/NTRS survey, "difficulty with program modifications was ranked as the fourth most common problem encountered when implementing inclusion in recreation. Related to this issue, 70% of respondents indicated that training on program modification strategies would enable the provision of inclusion in recreation," (Devine, McGovern, & Hermann, 1998). But, finding this sort of training is often difficult. One possible source may be parks and recreation departments that employ persons trained in adaptive physical education and/or therapeutic recreation. These professionals may be able to conduct periodic training for park and recreation staff in program and modification strategies (i.e., seminars and workshops) or provide consultation basis when a recreation department requires program adjustments.

Negative societal perceptions and attitudinal barriers have been identified as the greatest obstacles to inclusive recreation services (Shank et al., 1996). According to the APRS/NTRS survey, parks and recreation agencies reported negative attitudes from their staff and the public toward people with disabilities. Solutions that might help alleviate this problem at least among the agencies' staff include evaluating staff's perceptions and attitudes and providing sensitivity training. To improve their attitudes toward people with disabilities, staff members must examine their feelings about individuals with impairments. Sensitivity training programs vary in content, but general training components include understanding the Americans with Disabilities Act (ADA), learning about disabilities, gaining communications and etiquette awareness, working on customer service, and supervising and encouraging youth with disabilities. Usually, this training includes guest lectures by professional athletes with disabilities or panel discussions that include parents of children with disabilities. Appendix C provides an example of etiquette to use when working with youth with disabilities.

Successful facilitation of inclusive recreation and leisure activities for youth with disabilities requires that parents, educators, and community services providers embrace the inclusion philosophy. Modell (1997) investigated the recreation and leisure patterns of children with mental retardation and found that most of the children who took part in the study participated in segregated recreation and leisure activities. Included in the study were data that examined the attitudes of parents of children with mental retardation toward the inclusion of their children in recreation and leisure activities. Results of the study revealed five categories of responses: learning about diversity; learning from each other; communication; developing socially; and identifying barriers to participation. Concerning responses to diversity, some parents commented that, "I want my child to participate in a heterogeneous atmosphere," and "It helps for children to see that everyone is different; it makes them well-rounded."

Responses pertaining to how children with and without disabilities learn from each other included comments such as ".to play together, I see no problem with them interacting; they could learn a lot from one another;" and "It's good for both children with and without disabilities to be together. To me, that's how they learn from one another." The overall consensus of the parents surveyed was that inclusive experiences were positive.

Parents felt the main benefits of inclusion included helping their children communicate with other children who do not have disabilities. One parent stated, "It is good for regular kids to play and communicate with kids with disabilities" (Modell & Imwold , 1998).

Parents also commented on developing socially appropriate behavior, increasing self-esteem, developing friendships, and developing social skills. Modell and Imwold (1998) point out that all children stand to benefit socially from inclusive recreation and leisure. Comments from parents of children without disabilities included; "It will help in the development of social abilities of my child;" and "There is no harm, only friendships to gain."

Finally, in discussing barriers to participation, the parents of children with mental retardation identified several issues hindering the successful participation of children with mental retardation in inclusive recreation and leisure activities. These issues involved concerns for safety, lack of programs and availability of age-appropriate programs, and the need for attitudinal changes. Frustration was expressed by the parents of children with mental retardation: "As my child has gotten older, it has become more challenging to adapt age-appropriate activities to his abilities;" and " It is extremely difficult to find places willing to accept a child with a disability into their recreation and leisure programs."

Enhancing Inclusive Recreation

To ensure that at-risk youth with disabilities who wish to become involved in inclusive recreation will benefit from that experience, community recreation professionals must eliminate attitudinal and programming barriers by:

- *partaking in disability sensitivity training, becoming aware of their own fears and assumptions and acquiring the will to change;*
- *understanding the needs of their customers–those who have disabilities as well as those who do not;*
- *ensuring a thorough understanding of needed program modifications and making these accommodations so that the needs of the participants and agency are met; and*
- *actively promoting the acceptance of all people in community recreation programs.*

The ADA assures persons having disabilities equal access and participation in all areas of life. This act, along with many other acts that preceded it, promotes equal treatment. However, in some instances youth with disabilities may not wish to participate in inclusive recreation programs. For these youth, separate specialized or therapeutic recreation programs would be more appropriate. Just as recreation professionals must learn how to facilitate inclusive recreation they must also continue to recognize the importance of therapeutic recreation programs and feel comfortable promoting them to potential clients. The next subsection provides an in-depth look into therapeutic recreation programming.

Therapeutic Recreation and its Role in Serving At-Risk Youth

Therapeutic recreation, also referred to as recreation therapy, is practiced in hospital, residential, and community settings. Recreation professionals use treatment, education, and general recreation services to help people challenged by illness, disability, or other deficiencies to develop and use their leisure in constructive ways to enhance their health, independence, self-determination, and well-being. Treatment interventions and recreation activities induce cognitive and/or emotional reactions that help people enhance their self-awareness, clarify their personal values and beliefs, identify and effectively communicate their feelings, and develop confidence and self-control. Leisure education, treatment method, involves discussion followed by rehearsal so that the benefits

of recreation, whether they are physical, emotional, or social, are first explained and then experienced. This treatment method helps identify barriers to positive recreation experience, such as difficulties with transportation, and explores ways to overcome them. Recreation therapy and leisure education encourage participation in recreation to promote a healthy lifestyle. Recreation participation is encouraged and supported to solidify an enhanced healthy and constructive leisure lifestyle.

Effective delinquency prevention programs for boys with ADHD are, as one would expect, less expensive than the cost of institutionalization (Satterfield et al., 1985). In order to foster resiliency in these youth, Brooks (1994) suggested a curriculum that would encourage youth to actively contribute to activities, as well as enhance their decision-making skills, provide positive feedback, focus on the development of self-discipline, and teach them how to deal with mistakes and failure. This curriculum fits well with the goals of most recreation programs.

Use of Therapeutic Recreation Programs in Juvenile Correctional Institutions

Recreation within juvenile correctional facilities appears to be used primarily for diversional and cathartic reasons. Therapeutic recreation professionals have the skills and training to use simple recreation activities in more complex, curative ways. Recreation therapists are trained to assess an individual's needs, to determine the type of activity that will best remedy the deficit, and to recommend and assist in creating opportunities for recreational activity suitable to that person's interests and based on their strengths. For those within the juvenile justice system, therapeutic recreation is used to help youth focus on emotions, decision-making processes, communication, and the development of self-esteem.

Providing targeted, skill-based treatment programs to non-chronic adolescents with learning disabilities can reduce recidivism (Brier, 1994). Recreation therapy also can help explore why some youths choose to use drugs or alcohol (Kunstler, 1994). Leisure education instruction stresses valuing leisure as an important developmental theme (Mobily, 1992) and demonstrates how much potential impact the leisure-time choices youth make may have on their overall health. Discussion during therapy also should stress the influence of the young person's friends as well as how he or she might overcome potential barriers such as transportation difficulties, economic disadvantages, or stereotypes. When their non-disabled peers are included in these programs, the result may be an increase in the positive attitudes of the non-disabled toward youth with disabilities (Collins, Hall, & Branson, 1997).

Pawelko and Magafas (1997) reported that as youth confront the maturational changes in their lives, they encounter a desire to balance their own needs with the needs of society. Each problem-solving experience leads to a choice, which in turn develops personal autonomy. Each decision-making opportunity fosters self-determination (Crowder, 1988).

It is important to realize that 42% of the average youth's waking hours are discretionary time. The Carnegie Council of Adolescent Development (1994) reported that adolescents want to spend some of this time with trusted adults, serving their community, in safe places, and involved in attractive alternatives to gangs and loneliness. Therapeutic recreation stresses that constructive leisure time is inherently good for the body and soul regardless of whether it focuses on sporting events, crafts, or social events. A positive leisure lifestyle incorporates personal interests and lifestyle choices while building upon an individual's strengths. The following section explores specific community and residential programs for at-risk youth that contain a therapeutic recreation division.

Community Programs for At-Risk Youth that Contain a Therapeutic Recreation Component

Numerous programs across the United States that serve youth with disabilities are based on the ideas of therapeutic recreation. As stated earlier, recreation activity–whether structured or unstructured–can be a viable treatment intervention with the power to improve decision-making and problem-solving skills, communication, proper respect for the expression of emotion, and interpersonal skills. For incarcerated youth who will soon be paroled or released into the community, leisure attitudes and skills should be viewed as a mandatory part of transition planning for disabled and non-disabled youth.

In relation to this monograph and the context in which "at-risk" youth is categorized; there are very few programs with a therapeutic recreation division that cater to this specific area. This could be due to a number of factors:

- Recreation professionals having limited knowledge about learning disabilities and the leisure needs of at-risk youth with learning disabilities.
- Perceived notion from family members, caregivers, and education and recreation professionals that at-risk youth with learning disabilities perform well in activities and sports, not warranting special programming, but only require assistance with academics.
- Lack of public pressure to provide therapeutic recreation programming. In comparison to the visibility of therapeutic recreation programs for other developmental disabilities, physical or sensory impairments promoted by community members, organizations and associations.

However, the authors of this monograph were successful in attaining information about a community therapeutic recreation department recognizing the importance of establishing a program for at-risk youth.

Community Therapeutic Recreation Program for High Risk Youth, Peer Leader Program - Portland, Maine

The Peer Leader Program was established to provide community-based procedures aimed at addressing the barriers that prevent children from achieving success. To accomplish this, the Peer Leader Program collaborates with neighborhood organizations, law enforcement agencies, neighborhood schools, universities, social service agencies, the Portland Housing Authority, area recreation providers, and Foster Grandparents (Gardner, Prescott, & Richeson, 1997).

The Peer Leader Program consists of five program components: Peers, Preps, Kids Club, Mentors, and Evaluation. The certified therapeutic recreation specialist (CTRS) works with the Peer, Preps, Kids Club and GIRLS (part of the Peer and Prep programs) programs, which are conducted in a series of 10-week sessions throughout the year. The program curriculum concentrates on five major topic areas: leadership and community building; self-esteem; personal health and responsibility; violence and oppression; and school bonding. Therapeutic recreation activities are included in the curriculum and are used to enhance participation in the program (Gardner, Prescott, & Richeson, 1997, p. 33).

The Peer Leader Program has had many positive outcomes. In an evaluation of the program, a significant decrease in the use of marijuana by youth was reported, as well as an increase in youth's perceptions of their drinking problems (according to their parents), and a decrease in the percentage of youth with problems caused by alcohol and drug use. Reports of alcohol and drug use among children under the age of 13 had also decreased. Youths reported fewer money problems, less trouble at school, less fighting with parents or peers, and a lowered incidence of losing friends and breaking things. More youths reported that they had helped friends and family with problems. There was an increase in the number of youths who talked with friends, family, or social workers if they had a

problem. There have also been indications of increased self-esteem among participants (Gardner, Prescott, & Richeson, 1997)

School personnel have documented a decrease in school absenteeism among Peer Leader participants. There also is a reported increased feeling of safey, a decline in feelings of fear, and an increase in the attitude that people can work together to solve problems. Three out of four of the Peer Leader Program communities have experienced an 80 percent or greater decrease in burglary incidents.

The recently developed therapeutic recreation program, which is part of the Peer Leader Program, has already had a positive effect. The new program brings an understanding of the therapeutic recreation process to serving the needs of high-risk youth. It uses standardized assessments to develop goals and to ensure that participants are placed in appropriate programs; documents individual and group goals; and provides a student internship program that has allowed many at-risk youths to experience, and hopefully develop, a satisfying leisure lifestyle.

Conclusion

The purpose of this monograph has been to explore recreation programs in the community, educational and clinical settings that are serving youth with cognitive and other types of disabilities. By exploring these recreation programs, our intention has been to present goals and objectives that can help prevent at-risk youth from becoming involved with the juvenile justice system, or from recidivism.

Research from various sources (Driver, 1992; Siegenthaler, 1997) states that individuals profit physically, psychologically, emotionally, intellectually, and in some cases, spiritually from taking part in recreation activities. It is now widely accepted that integrating people with and without disabilities in recreations settings has benefits for both groups (Anderson et al., 1997; Modell, 1997; Modell & Imwold, 1998). Numerous Federal, state, county, and community-based cooperative programs for at-risk youth that have been conducted in the past decade have positively affected youths' academic performance, social behavior, emotional adjustment, and skill development while limiting their interaction with the juvenile justice system. Due to the lack of available information from these programs regarding participation among youth with cognitive and other disabilities, it is difficult to relate the success these programs have had with at-risk youth to the population discussed in this monograph.

It is assumed that some youth with cognitive and other disabilities did participate in these programs (evidence of this can be found in the survey conducted by the authors of this monograph). The authors of this monograph also assume many youth with disabilities often do not have the opportunity to participate in successful recreation programs. This lack of participation is often due to:

- a lack of identification of the specific population;
- a lack of the realization that this specific population (with disabilities) is at risk and could benefit from the programs presented in this monograph;
- the views of recreation agency personnel regarding the inclusion of a specific population into a program for at-risk youth (e.g., negative societal perceptions and attitudinal barriers as obstacles to inclusive recreation service);
- agency personnel's lack of training in understanding the programming needs of at-risk youth with disabilities;
- the poor utilization of qualified staff (i.e., therapeutic recreation specialists) in programs for at-risk youth; and
- the limited promotion (i.e. communication within community services) and advertisement to parents of youth with learning or other disabilities of a program's successes and its benefit to participants.

The fields of recreation, therapeutic recreation, and juvenile justice have greatly improved their collaborations in terms of sharing practical information, providing programs, and assisting youth deemed at risk or who are reintegrating into the community. Even more strides can be made by adjusting recreation programs to meet the needs of at-risk youth with disabilities.

The following are some suggestions for programs that want to serve all youth who are considered at risk, which includes youth with learning and other disabilities.

- Promote collaborative programs to professionals or agencies not within your network, for example, religious leaders, local politicians, local business owners, psychologists, educational diagnosticians, counselors, clinical social workers, independent therapists (e.g., art, music, movement, and recreation), and private schools.
- Identify youth with learning and other disabilities through a screening process that employs instruments such as the Student Referral Information (Mangrum & Strichart, 1988), the Self-Evaluation Checklist and/or Cognitive Leisure Indicator (Peniston, 1998).
- Maintain actuate records on youth with disabilities who participate in programs, especially regarding the rate of success within a certain program and the behavioral changes of the youth involved.
- Use sensitivity training programs that provide instruction in understanding the Americans with Disabilities Act as well as an overview of different kinds of disabilities, conduct self-assessment of staff perceptions of youth with disabilites, communication and etiquette awareness, and the encouragement of persons having disabilities.
- Conduct training in the area of program design as well as evaluating program modifications and assessing individual participant accommodations.

The success of inclusive recreation and leisure activities for youth with disabilities requires that parents, educators, and community services providers embrace inclusion philosophy and its implementation by creating excellent programs that are available to everyone. Making recreation programs available to the greatest number of youth possible would not only promote the well-being of all youth but would also help minimize the number of young people who become at risk.

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APPENDIX A

Recreation Program Descriptions and Contact Information

For further information about the Title V Community Prevention Grants Programs and other OJJDP Programs visit the Home Page of the Office of Juvenile Justice and Delinquency Prevention at http://www.ncjrs.org/ojjhome.htm. Or, contact the Juvenile Justice Clearinghouse at: P.O. Box 6000, Rockville, MD 20850. The phone number is (800) 638-8736 and fax number is (301) 519-5212. You may also contact them online at askncjrs@ncjrs.org or visit their website at http://www.ncjrs.org/homepage.htm.

This is a 58-page report published in the latter part of 1994 by the National Parks and Recreation Association (NPRA). A few programs taken from the March 1995 issue of Parks and Recreation magazine will be highlighted in this section. These programs focused on crime reduction, skills-building, and education:

Cincinnati, Ohio – Winton Hills Community. Enhanced late-night recreation programs and increased community involvement through expanded recreation services contributed to a 24% decrease in crimes reported in this area. The city of Cincinnati has since improved funding and expanded these programs into several other communities.

Fort Myers, Florida – The STARS Objective (Success Through Academic and Recreation Support). STARS combines recreation, learning, and good behavior. The program has successfully decreased repeat criminal behavior by 26% among 13-14-year-olds and shown a 66% decrease among children 11 and younger. The number of school-age children at risk of educational failure has decreased by 55 percent.

Phoenix, Arizona – Juvenile Curfew Program. The curfew program provides counseling, jobs, and recreation-focused community services to youthful curfew violators. This program has caused juvenile arrests for violent crime to decrease by 10.4 percent and some Phoenix neighborhoods have noted a 56% decrease in calls for police assistance during periods of enhanced recreation.

Philadelphia, Pennsylvania – Hank Gathers Recreation and Youth Access Center. The center combines public health services and education (including sex education) with a range of recreation services that are targeted to more than 1,200 people at the neighborhood level. This center represents a safe-haven site for those at risk because of domestic violence or other circumstances.

Dallas, Texas – Juvenile Gang Prevention Program. The Department of Parks and Recreation and other community services providers created a recreation-based gang prevention program. One positive effect of this program: 60% of participants, a figure significantly above the average, advanced to the next highest school grade in 1993.

Mecklinburg County/City of Charlotte, North Carolina – Recreation for the Homeless. This program helped provide stability through recreation to "kids and families in a state of chaos and displacement." (Tindall, 1995, pp. 90-92).

The 58-page report details the specifics of each program (e.g., development, goals, and objectives, numbers served, and benefits to participants and their community.) This report can be ordered from NRPA Market Place under "Publications." The cost is $16 for non-members and $12 for members. Send requests for information to the following address: NPRA Market Place, 22377 Belmont Ridge Rd., Ashburn, VA, 20148. The phone number is: (703) 858-2170. Fax orders to (703) 858-0794.

APPENDIX B

Research Study: At-Risk Youth and Recreation

The American Institutes for Research is creating a series of publications intended to build upon the findings of the National Focus Group on Learning Disabilities and Other Disabilities (emotional, behavioral, and cognitive) convened by the Coordinating Council on Juvenile Justice.

Monograph five of this publication series concerns, "The Role of Recreation in Preventing Youth with Learning Disabilities and other Disabilities from Coming into Contact with the Juvenile Justice System and in Preventing Recidivism." The authors of this monograph, Lorraine Peniston and David Howard, have discovered that resources on this topic are limited. Therefore, they must survey professionals about their knowledge in this area. You were selected because of your involvement in the 1995 colloquium, "The Challenge of Shaping the Future: Recreation Programs that Work for At-Risk Youth."

Please take some time to answer the survey questions below:

Definitions

Learning Disabilities - LD
Attention Deficit Disorder – ADD
Youngsters – age 5 to 18

1. Did the at-risk program(s) at your agency include youth with learning disabilities and other disabilities (ADD & emotional problems)? Yes _____ No____
   If yes, how many youngsters had these disabilities _____, or could you estimate a percentage _____.

2. Were there separate at-risk program(s) (Therapeutic Recreation) at your agency for youngsters with LD, ADD & emotional problems? Yes____ No____
   If yes, how many youngsters participated in this program_____.
   Please explain the nature of the program(s)_____
   _____
   _____
   _____

   "No" answers provided for question 1 and 2, ends the survey, "Yes" answers continue with survey.

3. Were any Certified Therapeutic Recreation Specialist employed in the at-risk program(s)? Yes _____ No _____ If yes, how many _____.
   If no, did regular recreation personnel have any previous training working with youngsters having LD, ADD and other emotional problems? Yes____ No_____

4. For at-risk program(s) serving youngsters with LD, ADD & emotional problems, how would you rate the success of the program(s)?
   Poor _____Fair_____ Good_____ Excellent _____.

5. Please state the type of success that occurred (i.e., improvement in grades, positive self-worth, decrease of drug-use, decrease in gang activity, better communication with family and peers, decrease in truancy, decrease in juvenile justice system, etc.).

_____
_____
_____
_____
_____
_____

6. What type of procedure was used to involve youngsters having LD, ADD and emotional problems in your at-risk program(s)? (e.g., advertisement at schools, community centers, churches, referrals from clinics or hospitals, etc.)

_____
_____
_____
_____
_____
_____

7. Was there a collaborative effort in creating the at-risk program(s)? (e.g., school district, private agencies, public boards/councils, civic organizations, etc.) Yes____ No_____
If yes, explain each entity's role_____

_____
_____
_____
_____
_____

8. Is there anything you would change about the agency's at-risk program(s) with youngsters having LD, ADD and other emotional problems?

_____
_____
_____
_____
_____

Any additional comments you would like the authors to know about your at-risk program(s) serving youngsters with LD, ADD & other emotional disabilities.

_____
_____
_____
_____
_____

Thank you for your time; please insert this form into the self-addressed stamped envelope and place in the mail.

APPENDIX C
Disability Etiquette

Basic Guidelines

- Make reference to the person first, then the disability. Say "a person with a disability" rather than a disabled person. However, the latter is acceptable in the interest of conserving print space or saving announcing time.
- The term *handicapped* is derived from the image of a person standing on the corner with a cap in hand, begging for money. People with disabilities do not want to be recipients of charity. They want to participate equally with the rest of the community. A disability is a functional limitation that interferes with a person's ability to walk, hear, talk, learn, etc. Use handicap to describe a situation or barrier imposed by society, the environment, or oneself.
- If the disability isn't germane to the story or conversation, don't mention it. Remember – a person who has a disability isn't necessarily chronically sick or unhealthy. He is just disabled.
- Just because a person does not appear to have a disability does not mean the person is without one. A person with dyslexia clearly appears to be reading a menu like other nonvisually impaired persons, but the interpretation is not the same. An individual with an auditory processing deficiency does not wear hearing aids and gives the appearance to hear like someone without a hearing impairment, but the information is not clearly understood. If a person asks to have something read, orally restated, reexplained or graphically depicted, honor the request by doing so.*
- Because a person is not a condition, avoid describing a person in such a manner. Don't present someone as an "epileptic" or "post polio." Say instead, "a person with epilepsy" or "person who has had polio."

Common Courtesies

- Don't feel obligated to act as a caregiver to people with disabilities. It is all right to offer assistance to a person with a disability, but wait until your offer is accepted *before* you help. Listen to instructions the person may give.
- Leaning on a person's wheelchair is similar to leaning or hanging on a person and is usually considered annoying and rude. The chair is a part of one's body space. Don't hang on it!
- Share the same social courtesies with people with disabilities that you would share with anyone else. If you shake hands with people you meet, offer your hand to everyone you meet, whether or not they are disabled. If the person with a disability is unable to shake your hand, he will tell you.
- When offering assistance to a person with a visual impairment, allow that person to take your arm. This will enable you to guide, rather than propel or lead, the person. Use specific directions, such as "left one hundred feet" or "right two yards," when directing a person with a visual impairment.
- When planning events that involve persons with disabilities, consider their needs before choosing a location. Even if people with disabilities will not attend, select an accessible spot. You wouldn't think of holding an event where other minorities could not attend, so don't exclude people with disabilities.

Conversation

- When speaking about people with disabilities, emphasize achievements, abilities, and individual qualities. Portray them as they are in real life: as parents, employees, business owners, etc.
- When talking to a person who has a disability, speak directly to that person, not through a companion.
- Exercise patience and clearly explain directions or procedures with individuals having cognitive impairments, providing written materials (handouts, brochures, or schedules) and names of contact personnel to assist in clarifying any needs or concerns.*
- Relax, don't be embarrassed if you use common expressions such as, "See ya later" or "Gotta run," that seem to relate to a person's disability.
- To get the attention of a person who has a hearing impairment, tap him on the shoulder or wave. Look directly at the person and speak clearly, slowly, and expressively to establish if they read lips. Not all people with hearing impairments can read lips. Those who do rely on facial expressions and body language for understanding. Stay in the light and keep food, hands, and other objects away from your mouth. Shouting won't help. Written notes will. (**Note**: individuals having receptive language difficulties also prefer being spoken to clearly and directly, reading lips, and facial expression.)
- When talking to a person in a wheelchair for more than a few minutes, place yourself at eye level with that person. This will spare both of you a sore neck.
- When greeting a person with a severe loss of vision, always identify yourself and others. For example say, "On my right is John Smith." Remember to identify persons with whom you are speaking. Speak in a normal tone of voice and indicate when the conversation is over. Let them know when you move one place to another. *(Reprinted with permission of Disability Etiquette from PARAQUAD, 1993) Asterisk (*) and **Note** inserts are provided by monograph authors.*

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